

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16047
4049

FILED MAY 14 1953

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before a. STATE MISSOURI b. COUNTY JEFFERSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. CITY OR TOWN Festus, Mo.	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute To City Hospital		e. STREET ADDRESS (If rural, give location) Route # 2 0500	

3. NAME OF DECEASED (Type or Print) RAYMOND	a. (First)	b. (Middle) LEE	c. (Last) NEEL	4. DATE OF DEATH (Month) (Day) (Year) APRIL 18, 1953
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1917 June 5, 1917	9. AGE (In years last birthday) 38 10 12
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Construction		11. BIRTHPLACE (City and State or Foreign Country) Leachville, Arkansas	12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Thomas Neel	13b. MOTHER'S MAIDEN NAME Jennie B. Carpenter	14. NAME OF HUSBAND OR WIFE Fern Neel
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Fern Neel, Route # 2, Festus, Missouri

18. CAUSE OF DEATH (Enter only one cause per line or (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Labor Pneumonia, 2° + 3°		of right leg and arm, suffered while deceased was burned in fire while confined in cell about 1244 am. April 14, 1953		burns
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) Festus Missouri City Jail		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 1953				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Accident 050	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Jail	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Festus Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Apr 14 53 12 PM	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? F9167

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 11:00 AM., from the causes and on the date stated above. 40

23a. SIGNATURE [Signature]	23b. ADDRESS 31300 Clark	23c. DATE SIGNED 4/18/53
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE April 18, 1953	24c. NAME OF CEMETERY OR CREMATORY Box Elder Cemetery
24d. LOCATION (City, town, or county) (State) Leachville, Arkansas		

DATE REC'D BY LOCAL REG. APR 18 1953	REGISTRAR'S SIGNATURE J. Earl Smith, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McLaughlin's, 2301 Lafayette, St. Louis, Mo
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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JUN 1 1966

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. ~~3384~~ working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *H. G. Farris*.....

Licensed Embalmer No. *3384*

P. O. Address *2301 Lafayette*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

Neel given as 32 years.

Comes now Fern Neel, after having been first duly sworn upon her oath and states that she is the surviving spouse of Raymond Lee Neel who died April 18th, 1953.

16047-53

Your Affiant further states that the birth date of the said Ray Lee Neel was June 5th, 1917 and that his age at the time of his death was thirty-five years ten months and twelve days. Your affiant further states that the death record of the Bureau of Vital Statistics of the City of St. Louis, Missouri, has erroneously registered the birth date of the said Raymond Lee Neel to be June 5th, 1907 which results in a ten year mistake in the age of the deceased.

WHEREFORE, Affiant sayeth not.

Fern Neel

Subscribed and sworn to before me this 14th day of May, 1953.

Thos L. Hunt
Notary Public

My commission expires

MAY 31, 1954

DAVID A. F. I. L.

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16091

Reg. # 4049-1953 DEATH

1953
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